

STATE OF NEW JERSEY  
DEPARTMENT OF LAW AND PUBLIC SAFETY  
DIVISION OF ALCOHOLIC BEVERAGE CONTROL  
P.O. BOX 087, 140 EAST FRONT STREET  
TRENTON, NJ 08625-0087

**APPLICATION FOR SPECIAL PERMIT AUTHORIZING EMPLOYMENT  
OF PERSONS UNDER 18 YEARS OF AGE BY AN ALCOHOLIC  
BEVERAGE LICENSEE [EMP]**

This application must be accompanied by a fee of **\$20.00** in the form of **check** or **money order** payable to the Division of A.B.C. New applicants must also submit:

- I. One passport-size photograph (**full face**) taken within the last 30 days.
- II. A photocopy of applicant's Employment Certificate (**working papers**) issued by his/her District Board of Education.

**CHECK ONE: NEW APPLICANT (     ) RENEWAL APPLICANT (     )**

1. Full Name of Applicant: \_\_\_\_\_  
PLEASE PRINT CLEARLY OR TYPE

2. Home Address of Applicant: \_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY/TOWN STATE ZIP CODE

3. Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

4. Description of Applicant:

Age _____	Male/Female _____
Date of Birth ____/____/____	Hair Color _____
Eye Color _____	Height _____
Weight _____	

**NOTE:**

5. Are you presently, or have you ever been under the **supervision** of any **parole** or **probation** authority? If **yes**, you **must** attach a copy of your **court disposition** or a letter from your **parole officer**. YES (     ) NO (     )

**NOTE: BOTH SIDES OF THIS APPLICATION MUST BE FILLED OUT  
IN IT'S ENTIRETY BEFORE A PERMIT IS ISSUED.**

**THIS AREA TO BE COMPLETED BY ALCOHOLIC BEVERAGE  
LICENSEE. (EMPLOYER):**

6. Name of Licensee: \_\_\_\_\_  
PLEASE PRINT CLEARLY OR TYPE

7. Address of Licensed Premises: \_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY/TOWN

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP CODE

8. 12-Digit License Number \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
MUST BE FILLED IN CORRECTLY

9. Description of Applicant's Job Duties: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF LICENSEE

\_\_\_\_\_  
DATED

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**THIS AREA TO BE COMPLETED BY PARENT OR GUARDIAN OF  
APPLICANT:**

I, \_\_\_\_\_, parent/guardian of  
\_\_\_\_\_, hereby consent to his/her  
employment by the New Jersey Alcoholic Beverage Licensee named  
herein.

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATED